## Best Available Copy

n.	ATENIT	ADDL I	CATION	<b>DETERMINATION</b>	DECODO
-	AIENI	APPLK	CAHUN	DETERMINATION	RECURD

Effective October 1, 2000

Application or Docket Number

NC17377

		CLAIMS AS	S FILED - (Column		=	mn 2)	SM TY	ALL EI	YTITY	OR	OTHER SMALL		
TOTAL CLAIMS			13				Г	RATE	FEE	1	RATE	FEE	1
FO	R		NUMBER FILED		NUMBER EXTRA		BA	SIC FEE	355.00	OR	BASIC FEE	710.00	1
то	TAL CHARGEA	BLE CLAIMS	γ '3 minus 20=		• 5			X\$ 9=		OR	X\$18=		ĺ
IND	EPENDENT CL	_AIMS	2 minus 3 =		*	· 10		X40=		1.	X80=		I
MULTIPLE DEPENDENT CLAIM PRESENT							$\vdash$		· · · · · · · · · · · · · · · · · · ·	OR			ł
						aluma 0	_+	135=		OR	+270=		l
* If the difference in column 1 is less than zero, ente					r o in c	olumn 2	T	OTAL		OR	TOTAL	710·2	Į
	C	(Column 1)	MENDEC	<b>PAR</b> - (Colur		(Column 3)	s	MALL I	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY,	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MQ.	Total	*	Minus	**	\$ **.	=	>	(\$ 9=		OR	X\$18=		İ
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AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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AMENDMENT C		REMAINING AFTER AMENDMENT	• •	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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M	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		<u> </u>	40=		OR			I
							+	135=		OR	+270=		
**	lf the "Highest Nu	mn 1 is less than the mber Previously Pa	aid For" IN THI	S SPACE i	s less tha	n 20, enter "20."	ADD	TOTAL IT. FEE		OR	TOTAL ADDIT, FEE		
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										1			